

UNIFORM SUPPORT PETITION

Petitioner: Name (first, middle, last)
Social Security Number
JANE A. DOE
333-44-5555

IV-D Case: ☒ TANF
☐ IV-E Foster Care
☐ Medicaid Only
☐ Former Assistance
☐ Never Assistance

Respondent: Name (first, middle, last)
Social Security Number
JOHN T. DOE SR.
444-55-6666

Non-IV-D Case: ☐

File Stamp

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier 999999999 _____

Initiating Tribunal Number _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.

The Respondent owes a duty of support to the following child(ren):

Full Legal Name (first, middle, last)	Date of Birth	Social Security Number
JOHNNY J. DOE	4/1/1997	000-11-2222
JANEY L. DOE	4/1/1997	000-11-2223

The Petitioner files this Petition to request (check all that apply):

☒ Establishment of Paternity

☐ Establishment of Order for:

☐ Current child Support, Including Medical Support

☐ Retroactive Child Support

☐ Medical Support Only

☐ Spousal Support

☐ Costs and Fees

☐ Modification of a Support Order

☐ Determination of Controlling Order and Arrears Reconciliation

☐ Other Remedy Sought: _____

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

☒ Respondent is the non-custodial parent of the child(ren) named in this Petition. Respondent has not provided support since:

☒ child's birth or ☐ _____ (date)

☐ A modification is appropriate due to a change in circumstances

☐ Existence of valid multiple orders

☐ Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

☒ Petitioner's General Testimony

☐ Affidavit in Support of Establishing Paternity

☐ Acknowledgment of Paternity

☒ Birth Certificate of the Child

☐ Other: _____

IV. Verification

☒ Under penalty of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date

☒ Signature of Petitioner

☐ IV-D Representative/Title

Sworn to and Signed Before
Me This Date, County/State

Notary Public, Court/Agency Official and Title

Commission Expires

Date

Signature of Petitioner's Attorney / Bar Number (if applicable)